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Department of Telecommunications and Cable

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COMMISSIONER

Independent Payphone Provider (IPP)

Revenue Statement for Calendar Year Ending December 31, _____

1. Legal name of reporting company _____
2. Doing Business As (DBA) in MA, if any _____
3. Federal Identification Number (FEIN) _____
4. MA Intrastate Operating Revenue \$ _____
5. MA Intrastate Operating Expenses \$ _____

CONTACT INFORMATION

Questions regarding the information provided in this annual return, and regulatory assessment invoices should be directed to: [] Please check if the contact information has changed since last filing.

Contact Name & Title _____

Address _____ City _____ State _____ Zip code _____

Contact telephone number _____ Contact E-mail _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Name/Title (print or type) _____

Signature _____ Date _____

If Signature of the above party was affixed outside of the Commonwealth of Massachusetts, it must be properly sworn to, in person, as attested to by a Notary Public:

Signature

Address, City, State and Zip code

Name: (print or type)

My Commission expires on: (mm/yyyy)

TSPs can submit an original and one full copy of the completed forms to the address below, or, alternatively, can file by email attachment to dte.efiling@state.ma.us. Regardless of filing method, TSPs are required to submit to the address below a \$5.00 filing fee, check payable to the "Commonwealth of Massachusetts."

Shonda D. Green, Department Secretary
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